

Case Number:	CM15-0216927		
Date Assigned:	11/06/2015	Date of Injury:	12/28/2010
Decision Date:	12/18/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old male who sustained an industrial injury on 12-28-10. Medical records indicate that the injured worker has been treated for Parkinson's disease; diabetes; umbilical hernia without obstruction or gangrene. He currently (10-5-15) complains of inadequate dosing of his buprenorphine causing him to take more than prescribed in order to achieve effective relief. He takes this medication for chronic pain and found that his pain was not completely controlled by this medication. The 9-22-15 note indicates continued complaints of abdominal pain secondary to umbilical hernia repair. The physical exam revealed tenderness to palpation and pain is improved with medication. He has lost ability to function independently (per 9-22-15 documentation) due to pain in the areas of walking limited distance, difficulty with stair navigation, difficulty with prolonged sitting, standing or walking, reaching, grasping, pushing, pulling, repetitive motions, sleep, travel, sex, seatbelt use. The treating provider was requesting an initial evaluation for functional restoration program. Treatments to date include medication: buprenorphine, Cymbalta, Dss soft gel, Ambien, gabapentin, Protonix, Oxycodone and Hydrocodone (per 9-22-15 note); functional capacity evaluation (2-29-12) with 20-40% reduction of ability to perform prior job function. The request for authorization was not present. On 10-7-15, Utilization Review non-certified the request for initial evaluation for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Initial evaluation for a Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services, not demonstrated here with poorly controlled symptoms and increased dosing of Buprenorphine. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to work for this chronic 2010 injury as the patient has remained functionally unchanged, on chronic opioid medication without functional improvement from extensive treatments already rendered or demonstrated motivation to return to any modified work. There is also no psychological evaluation documenting necessity for functional restoration program. The Initial evaluation for a Functional Restoration Program is not medically necessary and appropriate.